MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		2					54							
5	1						55							
6	1						56							
7		1					57							
8		3					58							
9		3					59							
10		3					60							
11		3					61							
12		3					62							
13		1					63							
14	1						64							
15	1						65							
16		2					66							
17		(1)					67							
18		(1)					68							
19		(1)					69							
20		(1)					70							
21		(1)					71							
22		(1)					72							
23		(1)					73							
24		1					74							
25	1						75							
26	1						76							
27	1					.	77							
28		3					78							
29		(1)					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		(1)					84							
35		(1)					85							
36		1					86							
37		1					87							
38	1						88							
39	1		43				89							
40	1		1/54				90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	11						TOTAL IND.							
TOTAL DEP.	43	43					TOTAL DEP.							
TOTAL CLAIMS	52	9					TOTAL CLAIMS							

9

43 / 1 / 54

49

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS